

Insurance Commissioner Deborah Senn
Attn: Consumer Education & Public Affairs
P.O. Box 40255
Olympia, Washington 98504-0256

Dear Managed Care Consumer,

In order to help you in better understanding your coverage and the options it offers and to help me in evaluating how well the carriers are performing, I ask you to fill in the information on the back of this page and mail the sheet back to my office.

The questions cover a few of the areas that consumers have told me cause the most confusion. To answer the questions, you will need to call your plan's consumer help line. Your plan should be able to give you the information asked for on the card. If they don't, I need to know that, too, so that I can take steps to make sure you have access to information you need.

When you have completed this form, please mail it back to me. If you need help obtaining the information or if you encounter problems with your carrier, please call my toll-free Consumer Hotline at 1-800-562-6900. Thank you for helping out.

Sincerely,

DEBORAH SENN
State Insurance Commissioner

To better serve you and to ensure you are receiving quality health care and customer service, please take a few minutes and complete the following questions. For most questions, you will need to call your health insurance carrier's customer help line to collect the information requested. *Questions in italics are ones you should answer yourself rather than asking your carrier.* After you have completed the questions, please seal the form and mail it to my office so that my office may review your findings. Please provide your name, address and phone number at the bottom of this letter, so we can follow up with you if necessary. If you need help, call my consumer toll-free line at 1-800-562-6900.

Quality of Service

Did your carrier's consumer help line have the answers to all your questions? Yes No

Were their answers understandable to you? Yes No

Was the person you spoke with polite and respectful to you? Yes No

If they couldn't answer your questions, did they offer to call back with the answers? Yes No

Did they offer to send you information instead of directly responding to you? Yes No

If they mailed you information, could you understand it? Yes No

Choice of Provider:

How many Primary Care Providers does my plan have under contract in my area? _____

Of those, how many are taking on new patients right now? _____

How many specialists are contracted in my area? _____

Access to Prescription Medications:

Do you regularly take or need any prescriptions? Yes No

Does my plan cover prescription medications? Yes No

If covered, does my plan require that prescriptions come off a plan list? Yes No

(If your plan does cover prescriptions and you regularly take some) Are the medications I take on my plan's list? Yes No

If my prescription medication is not on the list, what am I supposed to do? _____

Grievance Procedures:

What is my plan's procedure for appealing a decision that I disagree with? _____

Does the plan have a written procedure for making an appeal? Yes No

Can you mail me information about grievance procedures? Yes No

Name: _____

Address: _____

City/Zip: _____

Phone Number: _____

